



**Office of the Administrative Director — Financial Services Division — Repro-Graphics Center**

THE JUDICIARY • STATE OF HAWAII • 1111 ALAKEA, 1ST FLOOR • HONOLULU, HAWAII 96813-2807

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**WRITTEN PRICE QUOTE DUE** 8-17-06

**CONTRACTOR JOB SPECIFICATIONS**

1. JRC Job Number 1D-V-047
2. Form Title/Number TERMS AND CONDITIONS/WORK VERIFICATION
3. Quantity Required 4,000 SETS
4. Date Required 3 WEEKS FROM RECEIPT OF P.O.
5. Finish Size Flat 10 5/8 X11" Folded \_\_\_\_\_  
Other \_\_\_\_\_
6. Paper Specs. 4-PART CARBONLESS CONTINUOUS FORM  
1ST. SHT. YELLOW CB,.003", 2ND. SHT. WHITE CFB,.0025",  
3RD. SHT. BLUE CFB,.0025", 4TH. SHT. GOLD CF,.0025"  
BLACK IMAGE.
7. Numbering Specs. Location on Form NONE  
Numbered From \_\_\_\_\_ to \_\_\_\_\_  
Color of Numbers \_\_\_\_\_
8. Perforating Specs. 2-VERTICAL, 3/4" FROM LEFT EDGE AND 1 3/8" FROM RIGHT  
EDGE 1- HORIZONTAL BETWEEN EACH SET. 1-HORIZONTAL,  
4 7/8" FROM TOP OF FORM ON 3RD SHEET ONLY.
9. Ink specs. 1-SIDED PRINTING, BLACK AND RED, MARGINALS PRINT IN RED  
NO PRINTING ON BACKER
10. Additional Requirements NEGATIVES WILL BE PROVIDED, PROOF REQUIRED.  
CRIMP LOCK LEFT AND RIGHT MARGINS. BULK BOX, INVOICE AND SHIP DI-  
RECTLY TO COMMUNITY SERVICE SENTENCING BRANCH, 1111 ALAKEA ST., 3RD.  
FLOOR, HONOLULU, HI 96813. ATTN: SHARON SATO 538-5713. RETURN NEGATIVES  
AND 2-SAMPLES TO THE REPROGRAPHICS CENTER.

**BELOW FOR REPRO-GRAPHICS USE ONLY**

COMPANY	QUOTE	DATE	COMPANY	QUOTE	DATE

Ref:  
POC:

The Judiciary, State of Hawai'i  
First Judicial Circuit

ADULT/JUVENILE COMMUNITY SERVICE & RESTITUTION UNIT  
TERMS AND CONDITIONS/WORK VERIFICATION

will be responsible for the satisfactory completion  
of community service work under the following conditions:

TOTAL HOURS TO BE PERFORMED:

STARTING ON:

ENDING ON OR BEFORE:

AGENCY / ORG:

DUTIES TO BE PERFORMED:

REPORT TO:

PHONE:

SCHEDULE:

WORK VERIFICATION BY AGENCY / ORGANIZATION:

Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____

COMMENTS: \_\_\_\_\_

CSW placement may be terminated  
after two (2) unexcused absences.

I certify that the work verification is true and correct to the best  
of my knowledge, information and belief. Tampering with this  
record is in violation of HRS Section 710-1017 and is punishable  
by up to one (1) year in jail and/or a fine of \$2,000.00.

TOTAL HOURS: \_\_\_\_\_

NOTE: Please contact

RED  
\_\_\_\_\_  
Agency/Org. Supervisor (Signature)

\_\_\_\_\_  
Date

AJCSRU G-1 596  
1D-V-047 (03/04)

ORIGINAL - RETURN WHEN COMPLETED - RED

MARGIE AL

1D-V-047

NOT ACTUAL SIZE